

PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, Section 3012; Title 10, USC, E.O. 9397.

PRINCIPAL PURPOSE: Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).

ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier.

DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)
ONLY IF NEEDED2. TO (Include ZIP Code)
COMMANDER, AMEDD C&S/APPD
ATTN: MCCS-DE
1400 E. Grayson St., Bldg 44, Ste 213
Fort Sam Houston, Texas 78234-50523. FROM (Include ZIP Code)
SOLDIER'S UNIT COMMAND INFO**SECTION I - PERSONAL IDENTIFICATION**4. NAME (Last, First, MI)
DOE, JOHN H.5. GRADE OR RANK/PMOS/AOC
E-3/PFC6. SOCIAL SECURITY NUMBER
123-45-6789**SECTION II - DUTY STATUS CHANGE (AR 600-8-6)**

7. The above soldier's duty status is changed from _____ to _____
_____ effective _____ hours, _____

SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify)
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	<input checked="" type="checkbox"/> Waiver Request

9. SIGNATURE OF SOLDIER (When required)
SOLDIER'S SIGNATURE (MUST BE LEGIBLE)

10. DATE (YYYYMMDD)

SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

NOTE: Use your best judgement for the scenario that applies to the Soldier. This is only a guideline to help a Soldier fill out their DA 4187 request IAW AMEDD Personnel Proponent Directorate (APPD) requirements.

Scenario #1: EVALUATION

1. Soldier request evaluation of credentials to be awarded [MOS 91W] or [ASI M6] (use whichever one applies).
Encls: 1. ERB, 2. Transcripts or Diploma, 3. Enlistment contract

Scenario #2: GRADE WAIVER

1. Soldier request grade waiver for the purpose of (STATE PURPOSE, i.e., attending ASI M2 course, Cytology Specialist)

Scenario #3: APTITUDE SCORE WAIVER

1. Soldier request aptitude waiver of (GT/ST) score. Soldier's current GT is 103 and needs 107 GT to qualify for ASI M6.
USE TO COMPLETE Scenario #1 and Scenario #2
2. Soldier has been counseled as to attendance of service school, IAW AR 614-200, meets the standards IAW Ar 600-9, and fully qualified IAW DA PAM 611-21.
Encls: 1. ERB, 2. Transcripts or Diploma (if necessary), 3. Enlistment contract (if necessary)

Soldier's AKO Address

Commander's AKO Address

SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☒ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE

13. SIGNATURE

14. DATE (YYYYMMDD)

COMMANDER'S SIGNATURE BLOCK

CDR'S SIGNATURE (MUST BE LEGIBLE)